

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000036954

FILED
Sep 06, 2006
Secretary of State

Entity Name: PAIN MANAGEMENT CONSULTANTS, INC.

Current Principal Place of Business:

4800 LINTON BLVD
F101
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

4800 LINTON BLVD
F101
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 20-0922106

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, JEFFREY L ESQ
54 NE FOURTH AVENUE
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: BERGER, SCOTT A
Address: 4800 LINTON BLVD. F101
City-St-Zip: DELRAY BEACH, FL 33445 65

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT A. BERGER MD

PRES

09/06/2006

Electronic Signature of Signing Officer or Director

Date